

**CERTIFICATE OF INSURANCE**

03/26/93

PRODUCER  
**SHAMROCK AGENCIES, INC.**  
 P O Box 438 443 Union Place  
 Excelsior, MN  
 55331-  
 PHONE 612-474-0929

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**COMPANIES AFFORDING COVERAGE**
**INSURED**

Greater Mpls. Day Care Assn.  
 1628 Elliot Avenue South  
 Mpls., MN  
 55404

COMPANY LETTER A Westfield Insurance Company  
 COMPANY LETTER B State Fund Mutual Work Comp Co  
 COMPANY LETTER C  
 COMPANY LETTER D  
 COMPANY LETTER E

**COVERAGES**

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO: LTR:	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	ALL LIMITS IN THOUSANDS	
	<b>GENERAL LIABILITY</b>				GENERAL AGGREGATE	1000
A	<input checked="" type="checkbox"/> COMMERCIAL GEN LIABILITY	CWP 3481843	09/01/92	09/01/93	PRODS-COMP/OPS AGG.	1000
	<input type="checkbox"/> <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCC.				PERS. & ADVS. INJURY	1000
	<input type="checkbox"/> OWNER'S & CONTRACTORS PROTECTIVE				EACH OCCURRENCE	1000
A	<input checked="" type="checkbox"/> Contractual	CWP 3481843	09/01/92	09/01/93	FIRE DAMAGE (ANY ONE FIRE)	50
	<input type="checkbox"/>				MEDICAL EXPENSE (ANY ONE PERSON)	5
	<b>AUTOMOBILE LIAB</b>				CSL	1000
	<input type="checkbox"/> ANY AUTO	CWP 3481843	09/01/92	09/01/93	BODILY INJURY (PER PERSON)	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (PER ACCIDENT)	
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY	
A	<input checked="" type="checkbox"/> HIRED AUTOS					
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	<input type="checkbox"/> GARAGE LIABILITY					
	<input type="checkbox"/>					
	<b>EXCESS LIABILITY</b>				EACH OCC	AGGREGATE
	<input type="checkbox"/> UMBRELLA FORM					
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
B	<b>WORKERS' COMP AND EMPLOYERS' LIAB</b>	4163.205	08/01/92	08/01/93	STATUTORY	
		same			100 EACH ACC 500 DISEASE-POLICY LIMIT 100 DISEASE-EACH EMPLOYEE	
A	<b>OTHER Bond</b>	DDD-594255	06/26/90	06/26/93		\$100,000

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

Insured provides general information to providers and purchaser of day care services including operation of Child Care Information Network

**CERTIFICATE HOLDER**

Starnfels & Co., Inc.  
 504 Cedar Avenue  
 Minneapolis, MN  
 55454

ACORD 25-S (3/88)

**CANCELLATION**

= SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

= AUTHORIZED REPRESENTATIVE

*Frank R. Shaw, Jr.*

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